						·			1	01	7	226	10	
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 Application or Docket Number 4969/6675 5254. 2														2
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTI	TY J	OR	OTHER SMALL		
TO	TAL CLAIMS		42				RAT			FEE]	RATE	F	EE
FC	PR		NUMBER	FILED .	NUME	ER EXTRA	R EXTRA		EE 3	385.00 OA		BASIC FEE	770	0.00
TOTAL CHARGEABLE CLAIMS			4/2 minus 20=		• 22			X\$ 9=				X\$18=	396	
INE	EPENDENT CL	AIMS	;7 mi	nus 3 =	7:			X43=	ı			X86=	356	-
ML	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT						+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter *0" in column 2								TOTAL			OR	TOTAL	15	22
CLAIMS AS AMENDED - PART. II (Column 1) (Column 2) (Column 3)								SMAL	L EN	nty	OR	OTHER SMALL		
AMENDMENT A		CLABMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	BEA XUŞLY	PRESENT EXTRA		RATE	TI	DDI- DNAL EE		RATE	TIO	DI- NAL EE
	Total	.42	Minus		2	*		X\$ 9=		T	OR	X\$18=		
	Independent	• 7	Minus	***	7	=		X43=		T	OR	X86≃		
amole filld 9/15/04 M.3.							۱ [+145=			OR	+290=		
							,	TOTA			OR	TOTAL ADDIT, FEE	\Box	
_		(Column 3)			•	1			\perp					
AMENOMENT B		CLAIMS REMAINING AFTER AMENDMENT	-	HIGH NUM PREVIO PAID I	DER PRESENT USLY EXTRA			RATE	TIC	DDI- DNAL EE		RATE	TIO	DI- NAL EE
	Total	. 42	Minus	 4	2	= /		X\$ 9=			OR	X\$18=	1	
	Independent	• '/	Minus	200	7	<u> </u>	1	X43=	\mathbf{I}		OR	X86=		
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	\prod		OR	+290=		
									E L		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colun	nn 2)	(Column 3)			T				,	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	N. PRE		ESY BER HUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		-	RATE	TIO	DI- NAL
	Total	• 42	Minus	••	7	• .	l	X\$ 9=		1	OR	X\$18=	7	
	Independent	• 7	Minus	••• /	1	- /		X43=	1	\Box	OR	X86=	1	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=	T		OR	+290=		·
	* If the entry in column 1 is less than the retry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.								+	_	OR	TOTAL		\dashv
	if the "Highest Nu	mber Previously Pa ber Previously Paid ber Previously Paid	ld For IN THE	S SPACE H	less tha	n 3, enter "3."	^	ODIT. FEI nd in the a		iate bo		ADDIT. FEE (Jumn 1.		
FORM	PTO-875 (Ray, 10)M)					Pete	ed and Trad	ament (office U	S. DEP	ARTIVENT OF	COM	4ERCE